ANNUAL REPORT

SASKATCHEWAN HEALTH

1985

MELFORT-TISDALE HEALTH REGION NO. 11

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ANNUAL REPORT 1985

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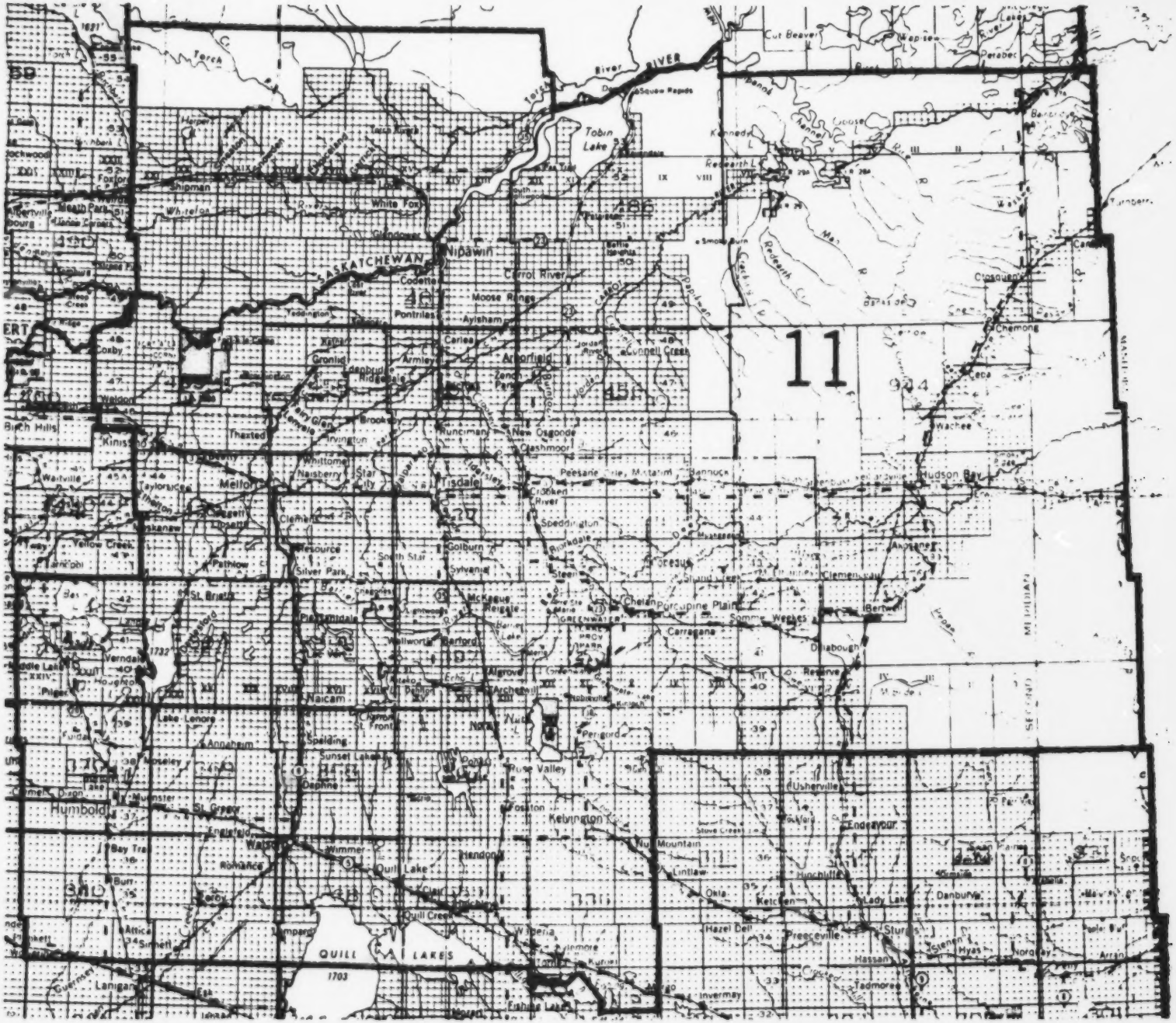
11
Nipawin
SASKATCHEWAN
RIVER
Carrot River
Tobin Lake
Torch River
White Fox
Codette
Pontrilas
Aylsham
Carlea
Armley
Arborfield
Zenon Park
Tisdale
Melfort
Naicam
Humboldt
Quill Lake
QUILL LAKES
Porcupine Plain
Hudson Bay
Kelvington
Preeceville
Canwood
Chemong
Wachee
Endeavour
Usherville
Danbury
Leoville
Wimmer
Romance
Annaheim
Lake Lenore
Spalding
Sunset Lake
Naicam
Archerwill
Govan
Star City
Melfort
Kinistino
Birch Hills
Thistle
Yellow Creek
Silver Park
Resource
Pathlow
Goldburn
Sylvania
Steen
Speddington
Crooked River
Peesane
Bannock
Runciman
New Osgonde
Clashmoor
Irvington
Brooks
Gronlid
Ridgedale
Loonbrae
Xenon
Corby
Waitville
Taylorside
Hanley
Langham
Lanigan
Fishing Lake
Invermay
Tadmore
Hassen
Hazel Dell
Lintlaw
Okla
Ketchen
Lady Lake
Nut Mountain
Perigord
Rose Valley
Foston
Wapiti
Cut Beaver
Peterbec
Kennedy L.
Redearth L.
Goose
Beaver
Smoky Burn
Redearth Creek
Torch River
Jordan River
Jordan Creek
Cowpell Creek
Meeting Creek
Deep Valley
Fairy Glen
Whittome
Naisberry
Clement
Resource
Silver Park
South Star
Pathlow
Yellow Creek
Taylorside
Hanley
Langham
Lanigan
Fishing Lake
Invermay
Tadmore
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Gronlid
Ridgedale
Loonbrae
Xenon
Corby
Waitville

A MESSAGE FROM THE CHAIRMAN OF THE BOARD - 1985

- Ettore Quaroni

I am pleased at being provided the opportunity of submitting a brief statement for the Melfort-Tisdale Health Region Annual Report.

We welcomed Dr. Paul R. Gully as Medical Health Officer for our Region in February, 1985. His enthusiasm and dedication to hard work helped put a renewed spirit in the Regional Board of Health.

We held two District Health Councillor Meetings this year. The first was the Annual Meeting held in the spring of 1985. The second was the Orientation Seminar held in November. Representation from Community Health Services, Regina included the Executive-Director, Mr. Stan Malach, the Assistant Executive Director, Mr. Joe Divernichuk, the Director of Public Health Nursing and the Director of Public Health Inspection. Mr. George Loewen, Assistant Deputy Minister, was also in attendance.

Community Health Services Branch submitted a draft orientation and policy manual to all Regional Board Chairmen.

I wish to thank the members of the Regional Board for their attendance and participation in mattersof Community Health. I would also like to thank the Melfort-Tisdale Health Region personnel for their teamwork and perserverance in preventive health services.

Regional Board members and District Health Councillors have shown some interest in promoting health issues in their respective municipalities; but if this concern does not increase, the need for boards and district health councillors will become insignificant.

REGIONAL BOARD MEMBERS

NAME AND ADDRESS	DISTRICT #	TELEPHONE	TERM OF OFFICE
Mr. E. Quaroni Box 698 MELFORT, Sask., S0E 1A0	1	752-3727	31 December 1987
Mr. V.A. Nordquist Box 97 MELFORT, Sask., S0E 1A0	1	752-2677	31 December 1985
Mr. H. Oldreive Box 477 CARROT RIVER, Sask., S0E 0L0	2	768-2614	31 December 1986
Mr. Leonard Armstrong Box 192 AYLSHAM, Sask., S0E 0C0	2	862-9430	31 December 1985
Mr. E. Litzenberger Box 102 MISTATIM, Sask., S0F 1B0	3	889-2064	31 December 1986
Mr. Harry Kucherhan Box 253 ARBORFIELD, Sask., S0E 0A0	3	769-8580	31 December 1987
Mr. P. Foga Box 34 PRAIRIE RIVER, Sask., S0E 1J0	4	889-4208	31 December 1986
Mr. Norbert Kunz Box 173 ANNAHEIM, Sask., S0K 0G0	5	598-2013	31 December 1987
Mr. J. Hoeber Box 205 MIDDLE LAKE, Sask., S0K 2X0	5	367-2042	31 December 1986
Mrs. A. Prince Box 136 KUROKI, Sask., S0A 1Y0	6	338-2671	31 December 1986
Mrs. D. Miller Box 69 WATSON, Sask., S0K 4V0	6	287-3664	31 December 1986

1985 HEALTH COUNCILLORS

NAMES	ADDRESSES	REPRESENTING	POPULATION
HEALTH DISTRICT #1			
Mr. Vance Nordquist	Box 87, Melfort	City of Melfort	6542
Mr. Richard Friesen	Box 521, Kinistino	Town of Kinistino	785
Mrs. Nita Prodaehl	Box 325, Naicam	Town of Naicam	930
Mrs. Hazel Armstrong	Box 97, Star City	Town of Star City	582
Mr. Wayne Reid	Box 54, Beatty	Village of Beatty	80
Mr. Robert Mumby	St. Brieux	Village of St. Brieux	433
Mr. Robert Granrude	Box 123, Weldon	Village of Weldon	298
Mr. Forrest Pederson	Box 447, Naicam	R.M. of Pleasantdale #398	968
Mr. Ettore Quaroni	Box 698, Melfort	R.M. of Lake Lenore #399	591
Mr. Elmer Rolles	Box 245, Tisdale	R.M. of Star City #428	1020
Mr. Alex Mudrik	Pathlow	R.M. of Flett Springs #429	959
Mr. Gerald Peterson	Box 1017, Melfort	R.M. of Willow Creek #458	1170
Mr. Walter Dupin	Box 4, Pathlow	R.M. of Kinistino #459	1169
- - - - - - -	- - - - - - -	Village of Valparaiso	32
TOTAL			15559
HEALTH DISTRICT #2			
Mr. Hedley Oldreive	Box 477, Carrot River	Town of Carrot River	1165
Mrs. Clara McKim	Gen. Del., Choiceland	Town of Choiceland	617
Mr. Harry Moore	Box 1776, Nipawin	Town of Nipawin	5114
Mr. M.V. Swystun	Box 64, Alysham	Village of Aylsham	154
Mrs. Marilyn Ens	Box 367, Codette	Village of Codette	286
Mrs. Linds French	Love	Village of Love	145
Mr. Carl Berlin	Smeaton	Village of Smeaton	311
Mr. Vern Gabriel	Box 1479, Nipawin	Village of Tobin Lake	-
Mr. Dennis Schacklock	Box 3, White Fox	Village of White Fox	479
Mr. Peter Rudy	Box 867, Carrot River	R.M. of Moose Range #486	1681
Mr. Martin Neufeld	Box 46, Gronlid	R.M. of Nipawin #487	1592
Mrs. Jean Lidster	Box 415, White Fox	R.M. of Torch River #488	2373
TOTAL			13917
HEALTH DISTRICT #3			
Mr. Harry Kucherhan	Box 253, Arborfield	Town of Arborfield	449
Mr. Verv. Vey	Box 1090, Tisdale	Town of Tisdale	3698
Mr. Harvey Butler	Archerwill	Village of Archerwill	308
Mr. Verne Moen	Box 27, Bjorkdale	Village of Bjorkdale	300
Mr. Ernest Litzenberger	Box 102, Mistatim	Village of Mistatim	160
Mrs. Patricia Fitkowski	Box 83, Ridgedale	Village of Ridgedale	149
- - - - - - - - - -	- - - - - - - - -	Village of Zenon Park	254
Mr. Andrew Taphorn	Box 44, McKague	R.M. of Barrier Valley #397	807
Mr. Lyle Yager	Crooked River	R.M. of Bjorkdale #426	1352
Mr. Paul Kuny	Tisdale	R.M. of Tisdale #427	1274
Mr. E.P. Sawchyn	Box 280, Arborfield	R.M. of Arborfield #456	648
Mrs. Kathy Reed	Box 1658, Tisdale	R.M. of Connaught #457	962
TOTAL			10361

HEALTH DISTRICT #4

Mr. Albert Bennett	Box 206, Hudson Bay	Town of Hudson Bay	2395
Mr. Barry Warsylewicz	Box 310, Porcupine Plain	Town of Porcupine Plain	960
Mrs. Olga Smith	Box 38, Carragana	Village of Carragana	70
Mr. James Wallace	Box 114, Weekes	Village of Weeks	102
Mr. Albert Espenant	Box 946, Hudson Bay	R.M. of Hudson Bay #394	2074
Mr. Peter Foga	Box 34, Prairie River	R.M. of Porcupine Plain #395	1655
TOTAL			7256

HEALTH DISTRICT #5

Mr. Grant Hoffman	Humboldt	Town of Humboldt	5206
Mr. Jake Bendel	Leroy	Town of Leroy	517
Mr. Norbert Kunz	Box 73, Annaheim	Village of Annaheim	217
- - - - - - -	- - - - - - - -	Village of Englefeld	260
Mr. John Hoeber	Box 205, Middle Lake	Village of Middle Lake	271
Mr. Sidney Schmidt	Muenster	Village of Muenster	418
Mr. Duane Bauer	Pilger	Village of Pilger	141
- - - - - - -	- - - - - - - -	Village of St. Benedict	180
Mr. Albert Hogemann	Box 101, St. Gregor	Village of St. Gregor	143
Mr. Carl Hogemann	Leroy	R.M. of Leroy #339	931
Mr. Cyril Hale	Box 425, Humboldt	R.M. of Wolverine #340	772
Mr. Francis Ehalt	Annaheim	R.M. of St. Peter #369	1342
Mr. Tony Reineke	Carmel	R.M. of Humboldt #370	1290
Mr. Carl Grundmann	St. Brieux	R.M. of Three Lakes #400	933
- - - - - - -	- - - - - - - -	Village of Lake Lenore	261
TOTAL			12882

HEALTH DISTRICT #6

Mr. Lorne Bates	Box 669, Kelvington	Town of Kelvington	1032
Mr. Perry Banadyga	Box 190, Wadena	Town of Wadena	1640
Mrs. Dorothy Miller	Box 69, Watson	Town of Watson	920
Mr. William Einarson	Box 76, Fosston	Village of Fosston	123
Mr. John Tomyn	Box 95, Margo	Village of Margo	167
Mr. G.T. Graham	Quill Lake	Village of Quill Lake	508
Mrs. Cheryl Farmer	Spalding	Village of Spalding	353
Mrs. Anna Prince	Box 136, Kuroki	R.M. of Sasman	1372
Mrs. Elsie Wallster	Hendon	R.M. of Lakeview	877
Mr. J.D. Duguid	Quill Lake	R.M. of Lakeside	672
Mr. Tim Leurer	Box 519, Kelvington	R.M. of Kelvington	949
Mr. Douglas Muir	Box 308, Rose Valley	R.M. of Ponass Lake	1081
Mr. R.J. McPherson	Box 10, Spalding	R.M. of Spalding	889
- - - - - - - -	- - - - - - - - - -	Town of Rose Valley	535
TOTAL			11118

MEDICAL HEALTH OFFICER'S REPORT - 1985

- Dr. Paul R. Gully

The Region was fortunate in having Dr. Don Watler as Acting Medical Health Officer and Mr. Jim Thorn as Acting Regional Director until February 18th. I must thank them for assisting me in taking over my new responsibilities.

I have enjoyed working in the Region, having been continually impressed by the professionalism and enthusiasim of all member of staff. By the end of the year, the Region was fully staffed apart from the Public Health Inspector I vacancy in Wadena. Staffing highlights were the appointment of our first Regional Nutritionist, Naseem Jammohamed, on June 3, 1985; and Diane Johnston, Regional Nursing Super-Visor, on April 1, 1985. Naseem has already contributed greatly to the Region and is an invaluable asset. Diane quickly gained the confidence of the public health nurses and has guided them through the ever-changing nursing program.

Each department deserves a special mention for particular activities. The public health nurses, led by Diane and Judy Tondell, Public Health Nurse II, have enthusiastically and diligently worked towards the implementation of the new Preschool Core Services Program. This program will upgrade services to preschoolers, and will enable us to evaluate these services.

Public Health Inspection has had to deal with a loss of some responsi-bilities to the Department of Environment, but at the same time is taking on new programs with a continuing vacancy.

The Chiropody Program has been marked by increased public awareness, especially on the part of local physicians. Referrals from a wider population will no doubt result.

The Speech-Language Pathologists and the Early Childhood Psychologist have increased their involvement with parents - the SLPs encouraging the parents in the therapy of their child-ren and the ECP in parenting skills.

The waiting time for a first appoint-ment in the Saskatchewan Hearing Aid Plan clinic held monthly in Melfort is now long, but it is hoped that studies being done elsewhere in the province will produce new initiatives to alleviate the problem.

Communicable disease control is always a continuing aspect of our work. The extremely high immunization cover-age of children has meant that no cases of pertussis, rubella or measles were reported in the Health Region in 1985. Continued maintenance of the levels of immunization are important as these diseases continue to be reported from elsewhere in the country.

The number of cases of hepatitis "A" declined rapidly throughout the year. The bacteria, campylobacter, made its appearance in the Region in

1985. This organism can cause a severe gastroenteretis, and various sources have been implicated in other countries, most notably unpasteurized milk, poultry and pets. The cases reported here were isolated and no particular factor was identified. Close surveillance of cases will continue. No outbreaks of food poisoning were reported this year, and it must be noted in this respect that the continuance of food schools run by the public health inspectors has increased public knowledge in food handling. These courses are invaluable educationally.

Sexually transmitted diseases continue to be reported at a low level, but it is suspected that physicians may see more than they report or are not prepared to report without firm laboratory confirmation.

Pediculosis has been seen in a few schools. Prompt education of teachers and families has helped to reduce the worry which usually surrounds these outbreaks.

In the future, the public health nurses will play a greater role in the tracing of contacts of cases of tuberculosis. A case of infectious pulmonary tuberculosis was reported in the Region in 1985, and nurses took part in the follow-up of family and hospital contacts. Some valuable inservice training was carried out during this episode by the Anti-Tuberculosis League.

Public interest in AIDS was evident in the Region. This interest will no doubt continue.

The Regional Board of Health held regular meetings during the year. It was the first year when there were two meetings of the Regional Board and District Health Councillors, the fall meeting taking the form of a seminar orienting representatives to the Community Health Services Branch. Two semi-annual meetings will continue to be held in the future, the fall meeting being concerned with education of health representatives about the work of the Branch. The Ad Hoc Committee Report on Regional Boards of Health was considered and recommendations commented on. A draft manual for Board members was also considered and the final version will be available for distribution in 1986.

There are many issues in public health still to be tackled. The potential years of life lost before the age of 70 can provide some indication of where our efforts, particularly in the prevention of death, could be concentrated. Indicators of ill health not leading to death are much less easy to obtain, but are no less important. Potential years of life lost are calculated by assuming that persons should, on average, live to the age of 70 years. Therefore, if a person dies at say 40 years, then 30 years of potential life are lost. The table shows major causes of potential years of life lost. Almost a third are lost due to injury and poisoning, a reflection of the youth of the persons losing their life due to these causes. In this category, in the order of 450 years were lost due to motor vehicle accidents and 189 years due to suicide. At least 1,062 of the total years of life lost due to injuries are known to have been caused accidents, suicide and homicide.* Improvements in lifestyle could potentially markedly reduce these years of life lost.

* information derived from Coroners Reports kindly supplied, in confidence, by the Chief Corner, Saskatchewan Justice.

HEALTH REGION STATISTICS

VITAL STATISTICS

	1983	1984	1985
Population	71,342	71,591	70,993
Births	1,124	1,001	1,123
Unmarried Mothers	197	197	184
Infant Deaths (Including Native)			
0-12 months	9	9	9
Under 28 days (Neonatal Deaths)	4	4	4
Infant Mortality Rate	8.01	8.99	8.01
Still Births	9	6	6
Neonatal Mortality Rate	-	3.99	-
TOTAL DEATHS	675	466	698
Crude Death Rate	-	6.5	-

COMMUNICABLE DISEASE STATISTICS

Food Poisoning	--	5	8
Gastro-Enteritis - Viral	7	4	--
- Bacterial	2	2	--
Shigellosis - Unspecified	20	25	6
Hepatitis - A	3	81	97
Hepatitis - B	3	3	3
Meningitis - Bacterial	6	4	4
- Viral	7	2	7
Pertussis	--	2	--
Rubella	--	--	--
Salmonellosis	83	40	22
Tuberculosis (Pulmonary)	2	1	8
Sexually Transmitted Diseases:			
- Gonorrhea	37	40	20
- Syphillis	1	--	--
Giardiasis	5	5	15

COMMON CAUSES OF DEATH
1985 STATISTICS

001 - 139	I.	Infectious and Parasitic Diseases	3
140 - 239	II.	Neoplasms	178
240 - 279	III.	Endocrine, Nutritional and Metabloic Diseases and Immunity Disorders	14
280 - 289	IV.	Diseases of Blood and Blood-Forming Organs	5
290 - 319	V.	Mental Disorders	5
320 - 389	VI.	Diseases of the Nervous System and Sense Organs	14
390 - 459	VII.	Diseases of the Circulatory System	295
460 - 519	VIII.	Diseases of the Respiratory System	80
520 - 579	IX.	Diseases of the Digestive System	29
580 - 629	X.	Diseases of the Genitourinary System	9
630 - 676	XI.	Complications of Pregnancy, Childbirth and the Puerperium	Ø
680 - 709	XII.	Diseases of the Skin and Subcutaneous Tissue	Ø
710 - 739	XIII.	Diseases of the Musculoskeletal System and Connective Tissue	2
740 - 759	XIV.	Congenital Anomalies	4
760 - 779	XV.	Certain Conditions Originating in the Perinatal Period	2
780 - 799	XVI.	Symptoms, Signs and Ill-Defined Conditions	4
800 -	XVII.	Injury and Poisoning	43

YEARS OF POTENTIAL LIFE LOST BEFORE AGE 70
BY PERSONS RESIDENT IN MELFORT-TISDALE HEALTH REGION IN 1985

CAUSES	POTENTIAL YEARS LOST *
Injury and Poisoning	1,351
Malignant Neoplasms	
Cancer of the lung	149
Cancer of female breast	89
Cancer of colon	34
Other cancers	508
Circulatory System	
Ischaemic heart disease	239
Other causes	111
Other Causes	
Four deaths close to birth	280
Miscellaneous	669
ALL CAUSES	3,430

* calculated from death notification data

COVERED POPULATION AS AT JUNE 30, 1985
BY AGE, GROUP AND SEX
(EXCLUDING REGISTERED NATIVE INDIANS)

AGE	M	F	T
1	526	500	1,026
1-4	2257	2033	4,290
5-14	5754	5324	11,078
15-25	6295	5513	11,808
25-34	5146	4774	9,920
35-44	4013	3781	7,794
45-54	3420	3213	6,633
55-64	3646	3620	7,266
65-74	3115	3290	6,405
75- +	2267	2506	4,773

PUBLIC HEALTH NURSING REPORT - 1985

- Diane Johnston

1985 has been a demanding year for public health nurses in Health Region #11. It has been a year filled with change and one where every office has experienced a staff shortage for some period of time.

Personnel changes began early in the year and this remained the pattern. In February, F. Kambeitz, P.H.N. II, (Assistant Supervisor) transferred to Weyburn-Estevan Health Region, leaving one public health nurse II, J. Tondell for the Health Region. The loss of the 2nd public health nurse II position is regrettable considering the large size of the Health Region both geographically and in public health nurse numbers.

I assumed the Public Health Nurse III (Regional Nursing Supervisor) position in the Health Region April 1, 1985 and am pleased to be here.

During the year, 3 public health nurses were on maternity leave, (from Nipawin, Tisdale and Melfort) and 3 offices had vacancies due to resignations (R. Tuchscherer, Hudson Bay-transferred to Health Region #7) and (E. Jaques, Wadena) and a retirement (V. Stan, Humboldt). The vacancies have all been filled, the last one being Hudson Bay December 9 and 2 of the 3 public health nurses on maternity leave have returned, the 3rd being due back January 13, 1986. Since no replacements were hired for the maternity leaves, public health nurses in the Health Region have assumed an extra work load for a period of time ranging from 4 to 7 months.

We were sorry to learn that Dr. Paul Gully will be leaving in February, 1986. He has been a dependable source of counsel and support to us.

This was the year the Preschool Core service Program was introduced. Althergh it was not to be officially implemented until January 1, 1986, all aspects of the program were underway in the Health Region by the end of the year. The goal of the program is to provide comprehensive health prevention services to preschool children in the province. There are 7 program components:

1. Immunization
2. Nutrition screening
3. Physical assessment
4. Hearing screening
5. Vision screening
6. Speech and language screening
7. Developmental screening

Although all of these components have, to some extent, been part of the public health nursing program for a number of years, the program has been refined and made more systematic. Appointment times at Child Health Conferences have increased to 30 minutes/child in order to ensure each child receives the complete service. As a

result, all public health nurses have increased their Child Health Conference time to some degree. As well, to enable delivery of quality service, efforts have been made to improve equipment and facilities where necessary.

Prenatal classes continue to be offered by all public health nurses. Approximately 1/3 of pregnant women, most of them with their partners attended classes in 1985. Another 1/3 were seen at home by public health nurses. A new Prenatal Class Manual for use by public health nurses in teaching classes, is being developed to be completed sometime in 1986. Public health nurses have been actively involved in the preparation of the manual by offering suggestions for the content.

The Public Health Nursing School Program varies except for immunization which is standard. Follow-up of referrals made by teachers has resulted in 1/3 of the school population being seen by public health nurses in 1985.

Three public health nurses from this region participated as facilitators in the 'Health Is It' conference this year. Reports are that it was a good conference with enthusiastic youth involvement.

Services for seniors' has been a much discussed topic this year both provincially and within the Health Region. A meeting initiated by the Minister of Health to address this topic was held in Humboldt October 28. Five public health nurses from this region were present. The kind of involvement public health nurses are to have with seniors has not yet been defined. However, it is apparent that public health nurses presently do provide services to this segment of the population. The selected nursing statistics show that SAIL home visits (which are largely to seniors) comprise a high percentage of the total number of home visits made by public health nurses.

A number of District Co-ordinating Committees (DCC's) have been or are in the process of being established in the Health Region. These committees are intended to meet the long term care needs of individuals by promoting appropriate use of community resources. Public health nurses are actively involved in most of the DCC's.

1985 saw the realization of a long awaited goal for public nurses in Saskatchewan, the arrival of a new Public Health Nursing Manual. Although the manual is not complete many portions are and are being well used. Public health nurses are appreciating the stated program standards that give them a clear base from which to assess the quality of service they are providing.

Public health nurses have again this year provided educational experiences for students in the health care field. Eight University of Saskatchewan nursing students spent the month of June in the Health Region; 6 based in Melfort and 2 in Hudson Bay. Observation experiences were provided by Public Health Nurses from Melfort, Tisdale, Nipawin and Hudson Bay. In September a nursing student from Wales spent 1 week and a medical student from the University of Saskatchewan spent a few days, with us.

Time and time again over the year I have seen evidence of a spirit of cooperation among the public health nurses in Health Region #11. This is a quality that has helped them to handle with competence the program changes and staff shortages they have experienced. They have shown themselves to be a very capable group of professionals.

SELECTED NURSING STATISTICS

	1982	1983	1984	1985
NURSING DAYS	3592	3518	3225	3060
PRENATAL CLASSES				
Classes Held	171	191	175	145
Number of Pregnant Women Attending	371	360	339	397
CHILD HEALTH CONFERENCES (CHC's)				
Number Held	1210	1227	1238	3345
INFANT (0-12 mos.) CHC				
Attendance	3289	3389	3327	3121
PRESCHOOL (1-5 yr.) CHC				
Attendance	3863	3536	3931	3872
SCHOOL HEALTH PROGRAM				
School Enrollment	14,501		14,843	14,586
Students Seen	3346	7555	4668	4646
HOME VISITS				
Prenatal	578	485	402	313
Postnatal	1018	954	961	864
Infant	1114	1136	1147	947
SAIL	811	746	1032	804
Other	1510	1321	1285	729

PUBLIC HEALTH INSPECTION REPORT - 1985

- W. Koroluk

1985 could well be described as a year of change and adjustment to health related programs covered by other agencies, to staff shortage and to a twinning program that allows me the privilege of supervising the public health inspectorate staff in two Health Regions.

In the first instance, 1985 was the first full year where water works, sewage works, solid wastes and liquid waste transport were all administered by the Department of the Environment. In the administration of water works and sewage works, our Region is served by four different offices covering Environment districts 6, 7, 9 and 10 with headquarters at Watrous, Melville, Tisdale and possibly Prince Albert. (This office has not yet been designated.) For the solid waste and liquid waste transport program all coverage is provided through the Regina office. Therefore, all inquires, requests and complaints are referred to that office. Insofar as we are concerned the program for liquid waste transport is in a state of abandonment. Permitting and the approval of deposit locations has not continued since the takeover. This lack of administrative action is creating problems in our shoreland development areas. Generally, these areas are services with private sewage holding tanks. Unfortunately, our jurisdiction does not extend to the removal of the wastes not to the point of deposit and this is where problems occur.

In May of last year we lost our Wadena inspector as a result of transfer. We have been unsuccessful in recruiting a replacement and therefore, have had to divide the district and provide routine and demand services from Humboldt, Melfort and Nipawin.

The twinning of Health Region #10 and 11 requires me to spend forty percent of my time in the Yorkton-Melville Health Region. Under normal circumstances I travel to Yorkton every week. This aspect of the Public Health Program has been the most difficult to adjust to. The usual visits to the districts for purposes of trouble shooting, project or program planning, evaluation and supporting and guiding the inspector (in many cases averting the escalation of a minor problem to one that has major proportions) has not been possible. Most of my work is done in the office and/or by the use of a telephone. In the past year I have personally made 29 visits into the field. Additional details on the breakdown of my services are included in the statistical section of this report.

In the field of preventive health we have been able to maintain a good level of surveillance over recreating areas, accommodation facilities, food production, processing and serving locations and

plumbing and drainage inspection and testing. Arrangements are in affect to exchange reports and more closely dovetail our inspection schedule with the Federal Health Protection Branch. With changes to some of the regulations we anticipate a better control by way of extended use of permits. In this region we have started a central registry of commercial catering operations. To give us a better picture of the facilities where banquets and similar social functions are usually held, a complete inspection of public halls has been undertaken.

In other areas of non-routine services we have been involved with the Federal Health Protection Division in doing follow-up investigations on two food recalls -- one involved canned beans and the other involved canned tuna. In both cases we found the recalled products on the grocery shelves. Apparently no one communicated the concerns to the independent grocers.

Complaints and/or requists for visits to private homes are on the increase. Several calls involving tenant and landlord disputes were relayed through the Rentalman's office. Concern of significance in these homes included bedbugs, faulty plumbing, sewage backup, sewer gas, formaldehyde emissions, creosote odours and basement seepage. Other investigated complaints which may or may not have direct health significance included dogs in food service establishments, dead cattle (some in a creek serving as a water supply), black flies, animal carcasses in an urban centre, manure drainage, foreign matter in carbonated beverages, flavours in milk, taste in water and chemical sprays on garden produce. We are pleased that most of the complaints were resolved to the satisfaction of all concerned.

Over and above our investigational work, Central Office has coordinated an information package on food and water contamination with agricultural chemicals. As well, we have received the cooperation of three auctioneering firms in restricting the sale of food in damaged containers and to identify food which may be deteriorated as food for animal use. In other aspects of food control our staff took on the responsibility of monitoring operations at a milk plant when such plant was on strike.

In the area of group education, four organized sessions were held for food handling personnel and swimming pool workers. These were held at different locations to facilitate maximum attendance. A sum total of 133 peiole were registered. Of this figure, over one half represented volunteer workers. In the area of education, I should mention that Mr. B. Tyckon qualified as a Radiological Defence Officer after taking a course at Armprior, Ontario.

In closing I would like to say that a great deal of the credit for the successful accomplishment of our goals could be attributed to the hard work and wise counsel of our Medical Health Officer and our Provincial Program Director. Unfortunately, Dr. Gully has departed for Saskatoon and Mr. Hazlewood will be leaving us for Victoria, British Columbia later on this year. They both will be sadly missed by all of us.

ENVIRONMENTAL HEALTH STATISTICS - 1985

FACILITY OR SERVICE	NUMBER OF FACILITIES		NUMBER OF INSPECTIONS		NO. OF FIELD VISITS AMD CONSULTATIONS	
	85	84	85	84	85	84
Eating Establishments	287	267	365	325	615	715
Food Distribution	138	156	100	105	96	262
Food Processing	74	70	65	105	66	100
Liquor Outlets	88	91	99	103	165	212
Communal Water System	66	66	-	63	29	44
Private Water Supply	-	-	-	-	44	53
Public Water Supply	11	11	-	-	52	89
Communal Sewerage Systems	58	58	-	57	19	44
Private Sewerage Systems	-	-	-	-	252	189
Public Sewerage Systems	-	-	-	-	13	23
Solid Waste Disposal	-	85	-	86	47	198
Liquid Waste Transport	-	13	-	-	-	6
Hospitals	21	21	14	15	14	43
Schools	86	82	83	-	48	44
Institutions	41	32	27	18	28	24
Housing	-	-	-	-	166	220
Mobile Home Courts	19	17	19	18	18	11
Trailer Courts	-	2	-	2	2	8
Hotels	64	63	76	72	54	50
Motels	26	27	33	27	21	21
Industrial Facilities	12	12	8	10	18	13
Swimming Pools	30	28	28	26	116	100
Agricultural Facilities	-	-	-	-	44	26
Personal Service Facilities	92	91	42	95	35	54
Recreational Facilities	90	71	86	62	181	227
Public Facilities	-	-	-	-	28	20
Plumbling	-	-	-	-	601	763
Investigations	-	-	-	-	85	98

ENVIRONMENTAL HEALTH STATISTICS - 1985

General Services	Number of Hours	
	85	84
Travel	1231	1603
Meetings	210	266
Surveys	25	27
Monitoring	6	24
Training Courses	240	328
Other	66	52

Office Services	Number of Hours	
	85	84
Projects	15	-
Staff Meetings	246	358
Staff Development	420	265
General Administration	1714	2048

Senior Public Health Inspector and Public Health Inspector II Time Comparisons for Three Major Catagories for 1984 and 1985. Note: Senior Public Health Inspector is expected to spend 40% of his time in Health Region #10.

	General Administration		Travel		Facility and Related Services	
	1984	1985	1984	1985	1984	1985
Sr. PHI (H.R. #10)	NA	157 hrs	NA	250 hrs	NA	256 hrs
PHI II	NA	560	NA	193	NA	764
Sr. PHI (H.R. #11)	330	272	199	73	620	354

SPEECH - LANGUAGE PATHOLOGIST'S REPORT - 1985

- Karen McConnell
Lyn Cook

In 1985 no changes occurred in personnel, target populations or geographic areas covered by the speech language pathologists. A number of new programs were initiated provincially and locally.

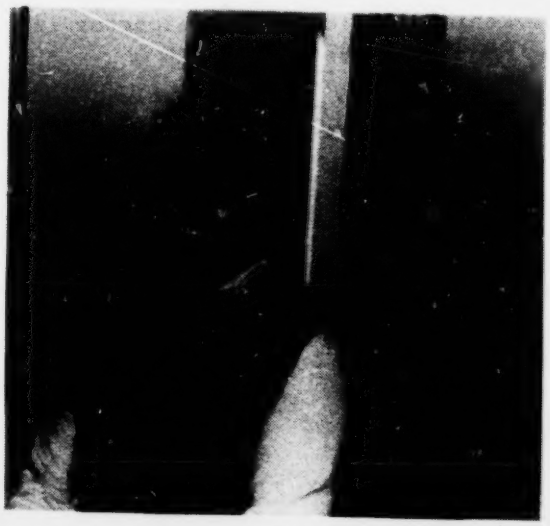
In August, 1985 we were pleased to have Kelly Richter appointed as Acting Director of the Speech Language Pathology Program. With a director in place overall program direction and inservice co-ordination have been facilitated.

One component of the Preschool Core Services Program (see RNS report) is a screening tool designed to identify communication problems in three year olds. An orientation to the Communication Screen was given to the public health nurse I's by the public health nurse II and the speech language pathologist. It is expected that this will result in an increasing number of children being referred, identified and treated. In order to evaluate this screening tool, the Speech Language Program has made the assessment of these children a priority.

In March, 1985 both speech language pathologists attended an excellent inservice which focused on the parents' role in stimulating language development. This inservice encouraged us to implement parent training programs. Two parent programs were held this year. In Nipawin the program was conducted in conjunction with the North East Early Childhood Intervention Program

Infant and Toddler Program. In Tisdale the parent program alternated with their child's language group giving parents an opportunity to apply newly learned skills. Evaluation results were favourable. Some parents suggested babysitting services be included and that evening classes be held enabling both parents to attend.

We expect to offer more parent programs in 1986. A vital component of this program is the demonstration.



video and the taping of parent-child interactions. At present our Health Region does not have any video equipment. Availability of video equipment would improve the quality of these parent programs.

Group programming continued in Melfort for children with language disabilities. Classroom space at Broadway School was utilized in July for a summer language program. This program ran three mornings/ week for three weeks and thirteen children participated. We were fortunate to have the help of one staff person from the North East Early Childhood Intervention Program; parents participated on a rotating basis.

A group format for adults with communication difficulties was introduced to the staff of sheltered workshops in Melfort and Nipawin and the Level IV Regional Care Centre in Melfort. Adults, like children, derive many benefits from interaction and communication within a group setting. All three facilities started communication groups this year. Both groups in Melfort required the incorporation of alternate communication methods. Regular consultation with the activityaides has been an important part of this process.

Daycare staff have also received consultative services, particularly in centres where special needs children have been placed. Staff have been helped to design programs and to set realistic goals for these children. Information on normal development has also been provided.

We are fortunate to have developed a close working relationship with the North East Early Childhood Intervention Program home teachers. Many of our clients are shared. Close co-operation is required between all agencies involved with a child and their family in order to meet their needs.

In reviewing our activities and programs for the year we are encouraged with the results of our efforts. We would like to extend out thanks to all of the staff who make working in this Health Region a positive experience.

SPEECH-LANGUAGE PATHOLOGIST'S STATISTICS - 1985

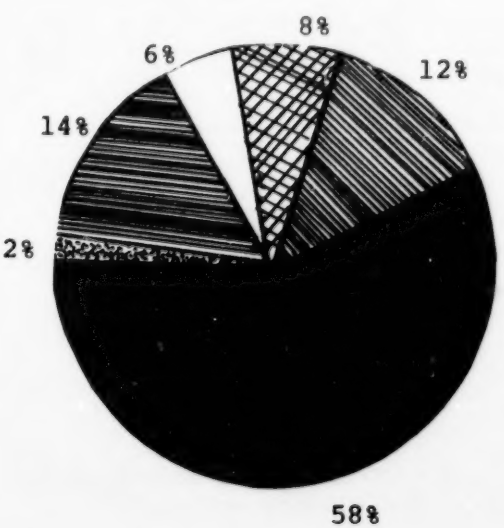
TOTAL NUMBER OF REFERRALS RECIEVED		143
SOURCE OF REFERRALS:	PHN	74
	ECP	11
	DOCTOR	12
	PARENT	9
	SHAP	1
	OTHER	36
		143
NUMBER OF ASSESSMENTS COMPLETED		104
NUMBER OF REVIEWS COMPLETED		77

PRECENTAGE OF CASELOAD BY AGE GROUP

	Dec. 31, 1983	Dec. 31, 1984	Dec 31, 1985
Preschool	83%	77.16%	74%
School Age	3.8%	11.1%	10%
Adult	12.9%	11.7%	16%

SPEECH PATHOLOGY ACTIVITIES BY CATEGORY FOR 1985

Casework. 58%
Travel. 14%
Prof. Development. . . 8%
Public Education. . . 6%
Administration. . . .12%
Miscellaneous 2%



EARLY CHILDHOOD PSYCHOLOGIST'S REPORT - 1985

- Eigil Jensen

1985 showed tremendous growth in the number of assessments made and counselling sessions held. The statistics show an increase in the number of referrals from 43 to 51. However, the total number of sessions with individual parents and children increased from 78 to 135. This is because the number of reassessments and follow-up visits almost tripled. In anticipation of becoming full-time in this region, the Early Childhood Psychologist began to increase the thoroughness of each developmental assessment and this resulted in a greater number of follow-up visits. Further, as the number of referrals continues to grow the number of half-yearly and yearly reassessments also grows.

The increased number of referrals came from social workers and parents, whereas referrals from other sources remained fairly constant. Moreover, the additional referrals were for behavior problems, whereas the number of referrals for developmental problems has remained constant.

Activities such as the semi-annual district case reviews, boand and committee work with the Early Childhood Intervention Program and publications of newspaper articles on child management form an ongoing part of the early childhood psychologist's work in the region.

The district case reviews which occur each spring and fall, and the greatly increased number of assessments and counselling sessions at the district offices, have brought the Early Childhood Psychologist to a closer working relationship with the district public health nurses. This has helped the ongoing efforts to make the early childhood service providers in the region function as a team.

The Early Childhood Psychologist is looking forward to 1986 with some degree of excitement. Two additional early childhood psychologist positions for the province were approved in 1985 and one of these has allocated to the Prince Albert Region. As soon as that position is filled, the early childhood psychologist in Melfort will no longer have to cover two regions and will be working full time in the Melfort-Tisdale Health Region.

EARLY CHILDHOOD PSYCHOLOGIST'S STATISTICS - 1985

	1983	1984	1985
A. Total number of Children Referred and Seen (first visit)	39	43	51
B. Breakdown of (A) by Source of Referral			
Public Health Nurse	5	15	15
Speech-Language Pathologist	5	13	11
Social Services	6	3	10
Parents	5	7	11
Physicians	5	5	3
Other	13	0	1
C. Breakdown of (A) by reason for Referral			
Concern about development	31	32	30
Concern about behavior	7	11	19
Multiple problems	1	0	0
Other Problems	0	0	2
D. Average Age (in years) of children younger than five			
Developmental Problems	3.1	3.7	3.6
Behavioral Problems	2.8	3.0	3.7
E. Total Number of Sessions including Initial			
Visits, Reassessments and Follow-up	59	78	135
F. Number of Sessions at			
Regional Office	30	52	81
District Office	15	22	43
Home	7	2	4
School	7	2	7
G. Group Education			
Number of Group Sessions	6	4	3
Number of People Addressed	107	63	60
H. Prevention			
Newspaper Articles Written	15	27	23

CHIROPODIST'S ANNUAL REPORT - 1985

- Dr. Vincent T. Jones

The Chiropody Program has seen a continuing increase in demand during 1985, particularly in the Melfort clinic.

Satellite clinics are held two days per month at Humboldt, Tisdale and Nipawin.

The total new patients seen during 1985 was 846 bringing the caseload in the Region to 1146. There were 2933 treatments given.

"Arch supports" made on subscription by Paragon Laboratories in Victoria, B.C. have been very successful in helping people with mechanical problems. To date 51 pairs have been supplied, mainly to middle age and younger people.

We are now able to refer directly to the Abilities Council in Saskatoon for shoe adaptations, i.e. for patients with leg length difference, appreciable differences in foot sizes, or to accommodate deformed feet.

A number of patients have been referred to the physicians with conditions unrelated to their feet and have required hospital treatment. Possibly as a result of this, there has been a marked increase in the interest shown by the physicians in the service. From Melfort, 7 doctors have each spent a half day in the Melfort Chiropody Clinic, observing the work done. Some of these doctors were training or in family medicine and I hope the knowledge gained as to the type of conditions treated by a Chiropodist, will benefit the public when they finally take up practice.

PUBLIC AWARENESS

Thirteen presentations were given to interested groups. Although these have all been to seniors, there are many problems in the young and the program should perhaps be brought more to their attention.

The majority of people are still unaware of the program, particularly in the smaller towns.

We are willing to carry out presentations on subjects of interest to young active people, active seniors, people in charge of caring for seniors - especially at risk groups such as diabetics, and to those caring for children: for although the program is aimed primarily at senior citizens, all age groups are entitled to treatment, and many young children and middle aged adults are presenting with serious foot

disorders. Quite a few of the children will possibly need bone surgery in the future, and I feel that if they had been found sooner, this could have been avoided.

AIMS FOR 1986

During 1986, I hope to be able to give more presentations, in order to increase knowledge of the program.

It would be of great benefit if Health Councillors could publicize the service to groups in their own areas and if possible arrange for a presentation. It would be an advantage to be able to address parents and teachers in footcare and shoe fitting.

DEBBIE WINGE, CHIROPODY ASSISTANT

* * * * * * * * * * * *

DOUGLAS TERRY
ASSISTANT SENIOR PUBLIC
HEALTH INSPECTOR

JUDY TONDELL
PUBLIC HEALTH NURSE II

CHIROPODY STATISTICS - 1985

CATEGORY 1 - Medically at Risk (Elderly)
CATEGORY 2 - Medically at Risk (General Population)
CATEGORY 3 - Well Elderly
CATEGORY 4 - General Population

Patients on caseload as at December 31, 1984 - 352

1985: MELFORT - 428 new patients - 1914 treatments
Category 1 - 109 patients
Category 2 - 16 patients
Category 3 - 120 patients
Category 5 - 183 patients

TISDALE - 131 new patients - 416 treatments
Category 1 - 25 patients
Category 2 - 6 patients
Category 3 - 38 patients
Category 4 - 62 patients

NIPAWIN - 145 new patients - 322 treatments
Category 1 - 21 patients
Category 2 - 8 patients
Category 3 - 47 patients
Category 4 - 69 patients

HUMBOLDT - 142 new patients - 381 treatments
Category 1 - 39 patients
Category 2 - 11 patients
Category 3 - 35 patients
Category 4 - 57 patients

REGIONAL NUTRITIONIST'S REPORT - 1985

- Naseem Janmohamed

The Nutrition Programme was initiated in this health region in June, 1985. The overall goal of the programme is to increase public knowledge about and change attitudes towards the effects of poor diet on health.

The priority for the first few months was to inform the residents of the health region of the existence of the programme and of the service now available to them. To this end, letters introducing the programme were sent out to some 300 community groups. Good coverage of the programme and its objectives was also received on the local media. Displays set up at agricultural fairs over the summer also served to draw attention to the programme.

As a result of the publicity received, there was a great demand from community groups for nutrition talks in the last quarter of the year. Thirty-eight presentations were made between August and December to a variety of professional and lay groups, with a total attendance of 782 people.

Weekly newspaper columns on topical nutrition issues are sent to 9 newspapers in the health region. Informal assessment shows that the columns are well read.

A nutrition committee consisting of professional and lay members of the Melfort Community was formed to help with the task of increasing nutrition awareness in the area. The committee co-ordinated 2 nutrition events in 1985.

Several programme and resource development projects were initiated at the provincial level for which I have some responsibility. Short term projects were also jointly undertaken with the nutritionist from the Prince Albert Health Region.

For 1986, while basic services will continue to be provided through the health region, the priority will be to identify and focus services on high-risk groups.

PERSONNEL

MELFORT-TISDALE HEALTH REGION NO. 11

MELFORT, Saskatchewan BOX 6500 S0F 1A0

BENDER, Daphne - Public Health Nurse
COOK, Lyn - Speech-Language Pathologist
FRAZER, Colleen - Clerk-Typist II
GULLY, Dr. Paul R. - Medical Health Officer
JANMOHAMED, Naseem - Nutritionist
JENSEN, Eigil - Early Childhood Psychologist
JOHNSTON, Diane - Regional Nursing Supervisor
JONES, Dr. Vincent - Chiropodist
KAIP, Wanda - Clerk-Typist II
KOROLUK, William - Senior Public Health Inspector
McCONNELL, Karen - Speech-Language Pathologist
MILLER, Irene - Clerk-Steno II
MORRISON, Jean - Public Health Nurse I
MYRHEIM, Celine - Clerk Steno IV
SELNES, Sharon - Public Health Nurse I
STRETON, Patricia - Public Health Nurse I
TERRY, Douglas - Public Health Nurse II
TYCKON, William - Public Health Inspector I
WINGE, Deborah - Assistant to Chiropodist

HUMBOLDT, Saskatchewan BOX 1747 S0K 2A0

ADAMS, Marliss - Public Health Nurse I
ALBERS, Bernadette - Clerk-Typist II
SKULSKI, Karen - Public Health Nurse I
TATARYN, Alice - Public Health Nurse I
TATARYN, Dick - Public Health Inspector

HUDSON BAY, Saskatchewan BOX 187 S0E 0Y0

BLOCK, Judy - Clerk-Typist I
RUDYCHUK, Margaret - Public Health Nurse I
SZEMAN-WOLITSKI, Donna - Public Health Nurse I

NIPAWIN, Saskatchewan BOX 1438 S0E 1E0

GRAHAM, Bryce - Public Health Inspector I
KERR, Lorraine - Public Health Nurse I
MEIER, Bonnie - Public Health Nurse I
MEYER, Colleen - Clerk-Typist II
PYNE, Diane - Public Health Nurse I

TISDALE, Saskatchewan BOX 1297 S0E 1T0

BONE, Eileen - Public Health Nurse I
CLEAVELEY, Julie - Public Health Nurse I
KAPELLER, Sharon - Clerk-Typist II
LALONDE, Debbie - Public Health Nurse I

WADENA, Saskatchewan BOX 448 S0A 4J0

CREURER, Yvonne - Public Health Nurse I
EVANS, Marie - Public Health Nurse I
PEACE, Heather - Clerk-Typist II
VACANT - Public Health Inspector I